

The International Rescue Committee Report

Program for Afghans



Our Mission

IRC Program for Afghans 1999 Report

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Founded in 1933, the International Rescue Committee is the leading nonsectarian, voluntary organization providing relief, protection and resettlement services for refugees and victims of oppression or violent conflict. IRC is committed to freedom, human dignity, and self-reliance. This commitment is reflected in well-planned resettlement assistance, global emergency relief, rehabilitation, and advocacy for refugees.

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Cover: Photograph by Cynthia van Elk

Foreword

The fighting in Afghanistan continues today with the Taliban factions controlling over 80% of the country and the northern alliance forces, situated primarily in the northern part of the country, controlling the remaining 20% of the country. For the Afghan population the past two years have been dramatic. No national security, limited availability of basic services, destroyed basic infrastructure and mines scattered throughout the country. The Taliban's strict interpretation of Islamic principles and the continued fighting in parts of Afghanistan have resulted in a very slow return of Afghan refugees from Pakistan, have caused movements of internally displaced people and have forced a new influx of refugees in Pakistan.

In early 1998, the IRC shifted its rehabilitation program across the border from Pakistan, established a liaison office in Kabul and opened the Gardez office in Paktia province. At the same time, the IRC Program for Afghans adopted a newly developed longer-range strategy (in line with recommendations made in the Ashgabat Asian Support Group Forum) which encourages poverty alleviation by strengthening communities' self-help capacities for the promotion of livelihood security.

The integrated IRC Afghanistan Rehabilitation Program targeted a total of seven districts of three provinces (Paktia, Logar and Kabul) in southeastern Afghanistan identified as high potential refugee return areas. Linking the IRC programs for Afghan refugees in Pakistan with rehabilitation and integration activities in Afghanistan has resulted in a more cost effective and efficient program operation. Coordination with UNHCR Pakistan and the IRC refugee assistance programs (Medical, Water Supply and Education Programs implemented in the Hangu-Thal area and the Umbrella Grant Program for Afghan Refugees) has resulted in a more accurate identification of those refugee groups opting for voluntary repatriation. The new approach has resulted in the involvement of refugee communities at the early stages of project identification in Afghanistan.

In Pakistan, the Program for Afghan Refugees assists vulnerable refugee communities through an umbrella grant management scheme aimed at providing assistance to those communities identified as most vulnerable and whose needs are difficult to address. A complex and diligent process of NGO project and beneficiary selection has eventually resulted in the development of a dynamic system reaching the refugee populations in the North West Frontier Province and Balochistan in Pakistan.

The IRC Program for Afghans will continue to assist the refugee communities providing medical, water supply, and educational opportunities and will resume its secondary education support program in Pakistan. The Afghanistan program expects to expand its community oriented integrated program activities extending its reach to include Kabul and Herat in the coming year. IRC will also resume its Rural Assistance Program, which will continue support to indigenous and qualified Afghan NGOs to assist refugee repatriation and integration in their ancestral villages in Afghanistan.

Despite the ongoing conflict and difficulties faced during the past two years, IRC firmly believes it has successfully continued effective and efficient programs for Afghans. The improved rehabilitation programs in Afghanistan are more appropriately equipped to assist Afghan returnees. The Pakistan-based refugee assistance programs continue to deliver vital basic services to the Afghan communities in exile.

On behalf of the Afghans, the IRC staff would like to thank you for your continued support and commitment in making these programs possible.



Eric van der Lee
Country Director



Overview



Photograph by Cynthia van Elk

Women and children are major beneficiaries of IRC's programs for Afghans.

IRC's involvement in Afghan refugee assistance in Pakistan since 1980 has achieved significant improvements over the years in the health, education and living conditions of the refugees. In the early 1980s, malaria and the EPI target diseases were constant threats to the communities. Today, the incidence of all the EPI target diseases has been greatly reduced, as has the prevalence of diarrheal diseases and mortality as well as malnutrition.

Similarly, IRC's presence since the early 1990s in Afghanistan has resulted in a visible revitalization of the local economy in targeted areas. IRC's training and financial assistance in recent years has allowed indigenous Afghan NGOs to claim a fuller share in the rehabilitation of their country.

IRC began operating an extensive program of relief for Afghan refugees in early 1980 when the conflict in Afghanistan intensified and forced hundreds of thousands of people to flee their country. In the early stages of the conflict IRC's first priority was emergency medical assistance. Mobile clinics were organized and dispensary clinics were established. Scouts went into the scattered encampments to bring sick refugees to the medical tents. Education programs for the children began almost immediately. Soon, an extensive network of medical, public health, child care, feeding, education, training, and self-help programs had been developed.

IRC's work focused on the needs of women and children, who make up the majority of the Afghan refugee population.

Each year saw more and more Afghans crossing the border into Pakistan. In a single month of 1981 alone, thirty-eight thousand patients were treated at an IRC clinic. Almost half were children under the age of twelve. IRC increasingly concentrated its resources on public and preventive health programs and education.

By 1984, IRC's humanitarian work for Afghan refugees included mobile medical teams; medical dispensaries where refugees were not only treated but

also educated about essential health practices; maternal-child health units providing antenatal and post-natal care; an extensive vaccination program for women and children; intensive training programs in community health and sanitation; and a special clinic for gynecological care, obstetrics, and pediatrics. To address the pervasive problems of malnutrition and high mortality rates, IRC combined supplemental feeding for children with nutrition education for mothers.

As the war dragged on, years in asylum led to the growing urgency for more educational programs. "We have lost an entire generation of our children to illiteracy," lamented one Afghan mother. IRC's work ranged from preschool education to postgraduate courses. The training enabled uprooted Afghans to pursue their aspirations while preparing for the day when they would return home and rebuild their country. An IRC supported high school for refugee girls in Peshawar offered courses in the arts, the sciences, religion, and English. Advanced learning programs for adults included literacy, English language training, public administration and management courses, computer training, journalism, an Experimental School for Sciences, and a construction related engineering program.

The principle of helping refugees build for the future was also carried out through a network of income-generating projects. Vocational training and employment were provided in fields such as construction and

metal working, handicrafts and small-business enterprises, and agriculture and reforestation.

An IRC Printing Press and Health Education Resource Center that trained hundreds of refugees in Peshawar provided textbooks and other educational materials for refugee camps and schools. Both the Printing Press and Health Education Resource Center supported themselves through sales.

Special programs for women, such as the high school in Peshawar, were designed and implemented in close collaboration with Afghan refugee communities to ensure a culturally appropriate approach to involving Afghan girls and women. An extensive community mobilization program and active advocacy network enabled IRC to continue its assistance in this challenging and often difficult environment. IRC never wavered in its commitment to improving the lives of Afghan women, who have become a driving force in the displaced refugee community in

Pakistan. When Afghan women return to their homeland, they will play critical roles in education, health care, and business.

Following the signing of the Geneva Accords in 1988, which laid the groundwork for the Soviet withdrawal from Afghanistan, IRC began to explore ways to assist refugee communities to return to their homes. IRC conducted an agricultural survey of areas of rural Afghanistan, land that had been destroyed or left uncultivated for years. Cross-border teams were organized to repair roads, rebuild farms, put irrigation systems back into place, and establish public health and sanitation facilities. With as many as thirty million land mines scattered across Afghanistan, IRC trained thousands of refugees in mine awareness.

Large scale repatriation did not begin until April 1992 when the Soviet-backed communist government in Kabul was deposed. Repatriation again suffered a serious setback with



Photograph by A. van Brink

A view of the New Akora Khattak Camp for recently arrived Afghan refugees from Kabul and areas north of Kabul.



Photograph by Cynthia van Elk

On their way home. Trucks leaving Haripur in Pakistan carrying Afghan refugees to their ancestral villages in Pakia Province through an IRC group repatriation project funded by UNHCR.

the renewed outbreak of fighting among rival mujahadeen factions in the summer of 1992. Further internecine fighting since January 1994 resulted in an almost total cessation of voluntary repatriation and caused a new wave of refugees and internally displaced people.

During 1997, IRC reformulated its operational strategy in line with the UNHCR overall policy to gradually phase out Pakistan-based activities for Afghan refugees. The new strategy allowed IRC to concentrate on Afghanistan-based rehabilitation and mid-range development programs, while continuing to provide essential assistance to vulnerable refugee communities inside Pakistan. At the same time, IRC transferred Pakistan-based programs such as the Printing Press and Health Education Resource Center to qualified NGOs. This enabled IRC to re-enforce its commitment to health, water and female education programs and to strengthen the capacity of local NGOs by providing funding and support allowing the NGOs to implement

micro-projects in refugee communities. This approach coincided with the WFP UNHCR safety net for vulnerable refugees which started in 1995 when the general food distribution to refugees began.

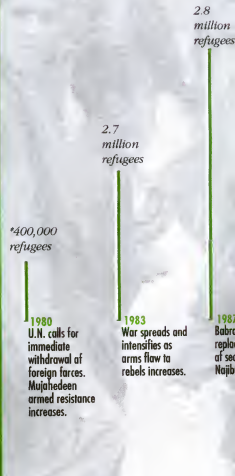
At the beginning of 1998, IRC established the Afghanistan Rehabilitation Program (ARP). ARP concentrates on multi-sectoral integrated development of villages in targeted districts of Khost, Pakia and Logar provinces. IRC believes a durable and effective reintegration process can only be achieved by empowering Afghans to build sustainable livelihoods through the revival of economic activities and socio-economic structures within their communities. ARP implements a community oriented program providing assistance in the sectors of agriculture, education, income generation, water supply, sanitation and irrigation. The program integrates interventions into village planning and implementation and utilizes methods villagers can maintain and manage.

Since its inception in January 1998 until the middle of 1999, ARP's integrated development program had directly benefited 5,501 rural Afghan families including 715 families who repatriated to their ancestral villages as a result of ARP's development efforts.

In Pakistan, during the first six months of 1999, Afghan refugees in IRC-served camps stretching from Hangu to Thal in Kohat District, made nearly 150,000 patient visits to the 11 clinics operated by IRC. Over 75 percent of the patients were women and children for most of whom the services provided by the clinics are the only health care services available. About 60 percent of the patients were treated by the

Afghan Chronology

- **1973**
After more than two centuries of monarchy, King Zahir Shah is ousted in a military takeover by Mohammed Daoud.
- **1978**
President Daoud killed in coup. Nur Mohammed Taraki declared president of revolutionary council.
- **1979**
Islamic opposition (mujahadeen) protest government's communist policies. Refugee exodus begins. President Taraki killed in palace coup in September and succeeded by Hafizullah Amin. Soviet troops enter Afghanistan in December. Amin is executed and Babrak Karmal proclaimed President. 600,000 refugees by end of year.



* Numbers refer to refugees in Pakistan only

medical officers while the remainder were attended by other health providers such as Malaria Supervisors, Lady Health Visitors and Dais (trained birth attendants).

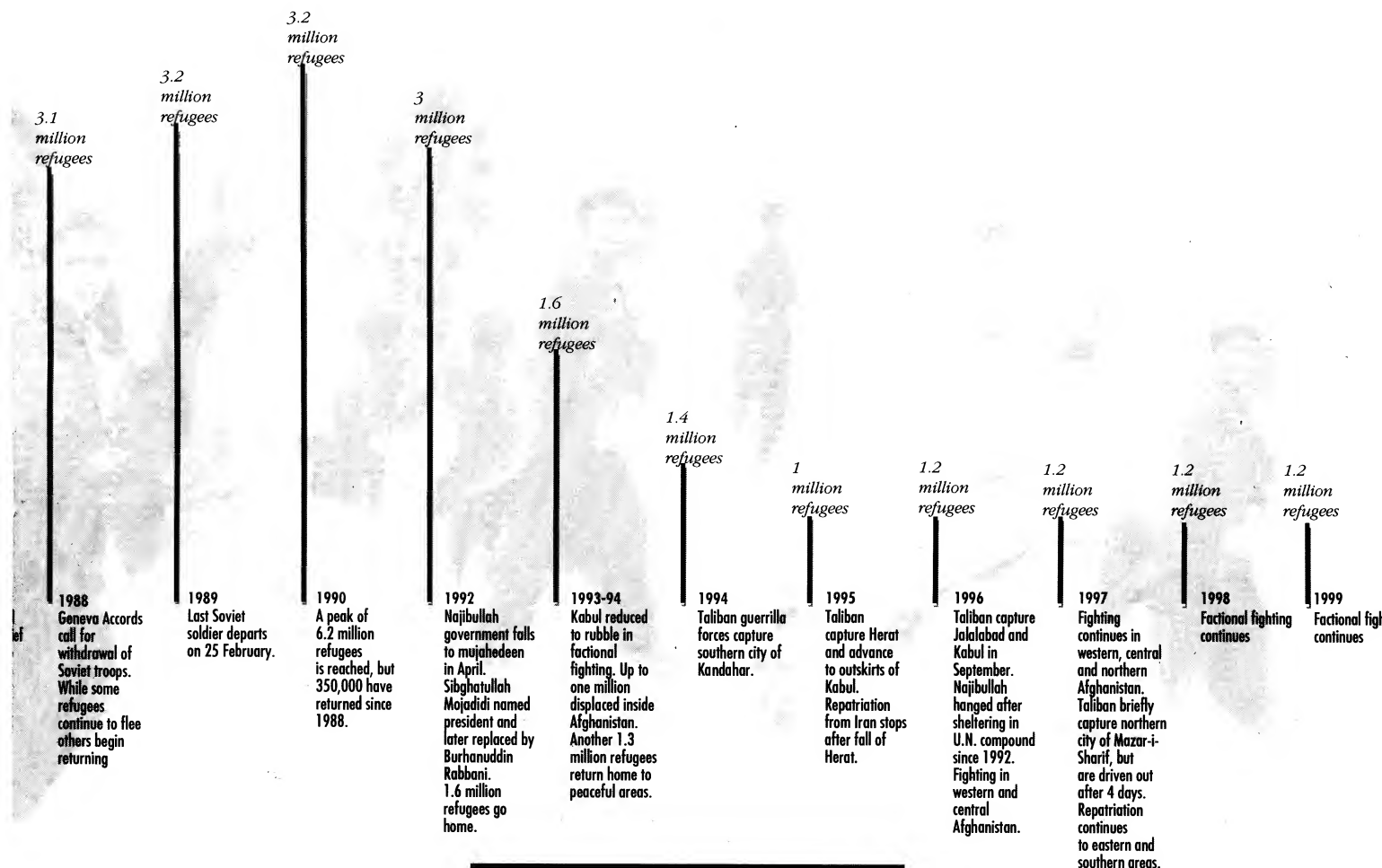
The IRC's Female Education Program has also been able to extend and enhance educational opportunities for Afghan refugee children. By the end of the 1998/99 academic year in May 1999, IRC's Female Education Program was supporting 28 schools and 41 community-based classes with over 13,000 young refugees enrolled. During the

first six months of 1999, the Female Education Program also trained 78 Afghan female teachers through seminars and workshops to improve their teaching techniques and subject-matter knowledge.

During its nearly two decades of work in the region, IRC programs have gradually evolved from short-term relief services to long-term rehabilitation approaches, with long-term benefits derived from strengthening local organizations and working closely with the local communities.

A vital component of all IRC programs is assisting refugees develop skills which enhance self-sufficiency and self-reliance.

The needs of Afghan refugees and internally displaced resident populations extend much longer than any current definition of an emergency. IRC has historically assisted people fleeing persecution without regard to time frames.



All refugee figures as of 1 January, unless otherwise stated.

IRC Refugee Programs in Pakistan

CHINA

JAMMU & KASHMIR

LEGEND

- International Boundary
- Provincial Boundary
- Female Education Program
- Water and Sanitation Program
- ▲ Health Care Program
- ◆ Program for Afghan Refugees in Pakistan

NWFP

Peshawar

Islamabad

AFGHANISTAN

Punjab

PAKISTAN

Quetta

Sibi

Baluchistan

Khuzdar

INDIA

IRAN

Sindh

Gwardar

Omara

IRC PROJECT ACTIVITIES
IN
LOGAR, KHOST & PAKHTIA PROVINCES

LEGEND

- International Boundary
- Province Boundary
- District (MCD) Boundary
- Agriculture Centre
- ⊙ Seed Multiplication Center
- ↓ Education Centre
- ★ Engineering Centre
- ▣ SBA Centre
- ⊕ Agriculture Rehabilitation Centre

Scale: 0 5 10 15 Km

Sources:
Cultivated Areas, River & Location
Afghanistan Map 1:100,000 Scale (USDMA)
(Washington 1982-1985). These represent, with a few exceptions, prewar roads. Newly created or widened roads are often missing.
Province Borders, District (MCD) Borders & Codes
Minor Civil Divisions Map, A. Ashraf et al. for ADS and the Ministry of Planning (Kabul, 1973). Province borders follow aid community reporting standards and do not reflect recent changes.
MCD boundaries are accurate to within 10 Km.
Designations and Boundaries
The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the United Nations Development Programme (UNDP) concerning the legal status of any country, territory, city or area or of its authorities or concerning the delimitation of its frontier or boundaries.

Map by: UNDP / ProMIS, 08/99
Proj.: AFG/97/001/A/08/12

Health

صحت یوه لویه سرمایه ده

"Health is wealth." (Pashtu Proverb)



Nearly two-thirds of the patients visiting IRC Basic Health Units (BHUs) in the Hangu-Thal area are women and children.

The success of IRC's Health Care Program lies in the program's integrated community-based approach, beginning with an extensive community health outreach program and extending to Basic Health Units with a special emphasis on women and children.

With twenty years of experience providing health care assistance to Afghan refugees, IRC's Health Care Program has set the standard for health care in Pakistan's refugee camps and served as a model for integrated health programs throughout the region. IRC has made substantial progress in reducing the incidence of malaria, measles, tuberculosis, malnutrition and diarrhea. The 1.6 percent malnutrition rate for 1998 is lower than the 2.6 percent rate in other refugee villages in the same region. IRC's current 97 percent full immunization coverage for all under one-year old children is also significantly higher than the 80 percent average estimate for

all refugee camps.

The Health Program evolved from two mobile clinics into an extensive and comprehensive Health Care Program providing curative and preventive services to more than 140,000 refugees in twelve refugee camps in the Hangu-Thal region of Pakistan's North West Frontier Province (NWFP). As the fighting in Afghanistan eased and refugees began to return, the Health Program trained 900 returnees as village extension workers. In 1992, a Public Health cross-border immunization program, later handed over to Swedish Committee for Afghanistan, achieved vaccination coverage

Community Health Outreach Program

for 15,000 under two-year old children and immunized 42,700 women against tetanus.

At the beginning of 1995, IRC initiated a community contribution system requiring patients to pay a nominal fee for services provided. Women and children pay less than men while widows and the disabled are exempt from paying any fees. Immunizations, family planning assistance, and treatment for locally endemic diseases such as malaria are free.

Community Health Workers form the first lines of defense against diseases, epidemics, and malnutrition. Through a collaborative effort involving all elements of the Health Care Program, IRC has trained over 3,000 female and male volunteer Community Health Workers, many of whom have returned to Afghanistan. Currently, an extensive network of 1,000 Community Health Workers educate and raise awareness about critical health issues within their communities. Community Health Workers play a crucial role not only in linking communities to health facilities, but also in transforming the health attitudes of communities. After attending workshops delivered by male Community Health Workers, many refugee men, for example, now feel comfortable with their wives receiving antenatal and post-natal care from Female Health Workers.

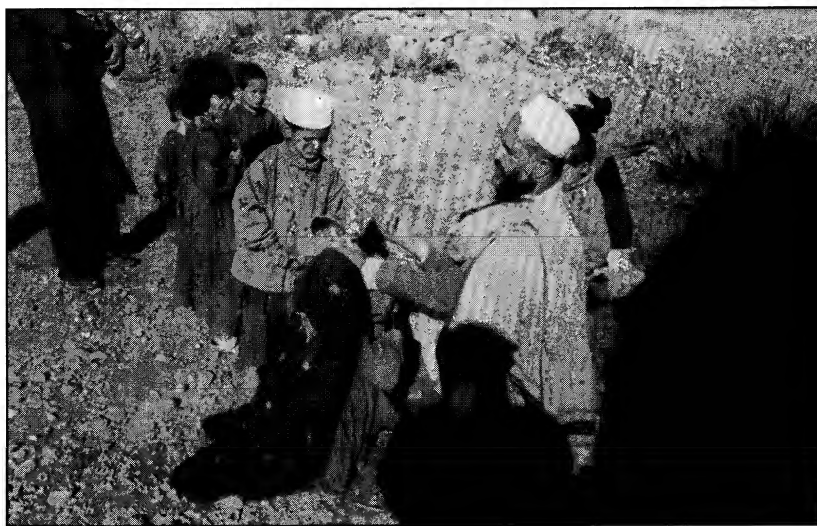
Given the importance of engendering trust within the community, Community Health Workers are selected by the thirty families to whom they are responsible and to which they

also belong. Community Health Workers provide basic preventive health education, treat minor injuries, and refer individuals to appropriate health facilities. They also follow up on all the patients referred to them by the medical officers for monitoring and provide ongoing advice and treatment. Community Health Supervisors, based in each clinic, monitor Community Health Workers and provide one week annual refresher courses, in addition to conducting 12-day basic health education training seminars for school teachers. During 1998 the IRC Community Health Supervisors delivered 3,190 health education sessions to a total of 34,692 school students and refugees living in camps in Pakistan.

Female Health Workers (FHW) provide crucial assistance to women, who, due to strong cultural mores, are restricted from venturing outside the compound without a man or receiving medical assistance from someone other than a

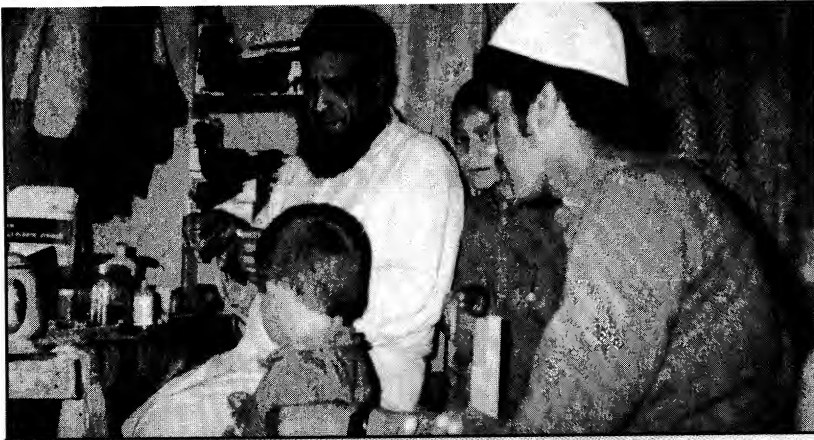
woman. Each FHW is responsible for monitoring the health status of pregnant women and children in three to eight families. FHWs teach basic health education to women and children, refer cases to medical facilities for immunizations and any necessary medical treatment, and assist in home deliveries. In 1998 FHWs assisted in 1,827 births. Complicated delivery cases are treated in IRC's Minor Operation Theater or referred to hospitals in nearby Kohat and Peshawar.

The Expanded Program for Immunization (EPI) provides immunization against six preventable diseases: tetanus, tuberculosis, polio, whooping cough, diphtheria, and measles. In addition to the vaccination program, female outreach vaccinators work in all camps to ensure women have full access to the immunization program. To control the spread of malaria, Malaria Supervisors carry out annual house and cattle spraying campaigns.



The health care program's EPI component provides immunization against 6 preventable childhood diseases. During 1998, IRC-served camps achieved 97 percent full immunization coverage for infants under one year of age.

Khadi Khan: Community Health Worker



Khadi Khan, the volunteer Community Health Worker (CHW), trained by the Health Care Program to treat minor ailments of the 30 families for whom each CHW is responsible.

Khadi Khan arrived in Pakistan in 1981. "Daily the children and old people would die. There was not one family without a sick member. Everyday we heard of a dead person. There were graves everywhere. We did not know the names of diseases or how to cure or stop them." In 1987 Khadi Khan joined a three-

month training course to become a Community Health Worker. "I learned about many things, including protection of mother and child health, vaccination, clean water, and nutrition."

Because Khadi belongs to one of the thirty families to whom he is responsible and has a close

relationship with all the families, the families have gradually embraced health assistance. Husbands, who were previously reluctant to allow their wives to receive treatment, have become much more accepting and even encourage their wives to immunize their children.

On a daily basis, Khadi visits families to teach about health related specific to each family. He visits each of the 30 families at least once a month, fills referral forms for those who are sick, and follows up on patients referred to him by health staff. Khadi also mobilizes the community to participate during camp-wide immunization or anti-malaria spraying campaigns.

"I am not a doctor, but I have important information and knowledge which can help my people."

Jamila: Female Health Worker

When Jamila emigrated to Pakistan in early 1980 she assisted women in her village to deliver babies despite having no formal medical training. Not knowing the importance of hygiene, Jamila used unsterilized knives and scissors to cut the cord. Jamila recounts, "When the fetus position in the womb was not correct, I would kick the mother in the back or raise her legs and put pressure in her stomach. Sometimes the children were born dead and I thought evil spirits (jinns) caused their deaths."

"When young children came down with diarrhea, I would tell their mothers not to feed them and take them to a religious person who made amulets to defend the children from evil spirits. Many children died from diarrhea."

In 1987, Jamila participated in an eight-week Female Health Worker training course, where she learned about antenatal and post-natal care, including safe delivery, diarrhea and other preventable diseases treatment. "I now assist with delivery in a

clean place, washing my hands with soap and water and making sure the razor used for cutting the cord is boiled. I send all pregnant women to the clinic to receive antenatal care. If there are any complications during pregnancy or delivery I refer them to my supervisor, who can then refer them for further medical assistance. When children suffer from diarrhea, I teach mothers how to prepare Oral Rehydration Solution and advise them to continue feeding."

Basic Health Units (BHU)



A health provider ensures the patient knows how and when to take her medication.

The core component of the Health Care Program are eleven Basic Health Units (BHUs), which provide high-quality diagnostic, pharmaceutical, laboratory, and referral services. Mobile medical teams rotate among the BHUs efficiently using resources and reaching the maximum number of beneficiaries. These teams are composed of male and female

doctors as well as immunization, malaria, and maternal and child Health Care Workers. Basic Health Units focus on preventing the spread of locally endemic diseases such as malaria, diarrhea, and tuberculosis, and providing special medical care for children and pregnant women.

Expecting mothers and under

Safe Pregnancy: The Birth of Naveed

Thirty-seven year old Sabira believed she was under the shadow of evil pregnant demons. For ten years all of her eight pregnancies resulted in miscarriages. Female Health Workers visited Sabira at home to explain to her and her mother-in-law that she was under no evil shadow, but needed proper antenatal care. Although suspicious at first, Sabira agreed to attend the clinic for antenatal care after much insistence from Female Health Workers. At the clinic, the female medical officer explained to Sabira about

high-risk pregnancy, cord-cutting and post-natal care. Sabira was given calcium lactate and folic acid tablets and checked regularly throughout her pregnancy. Six months later Sabira gave birth to a healthy boy, whom she asked, in a display of gratitude, the Female Health Workers to name. They named him "Naveed," which means happiness in Dari. Sabira enthusiastically agreed to regularly take Naveed for growth monitoring and immunization.

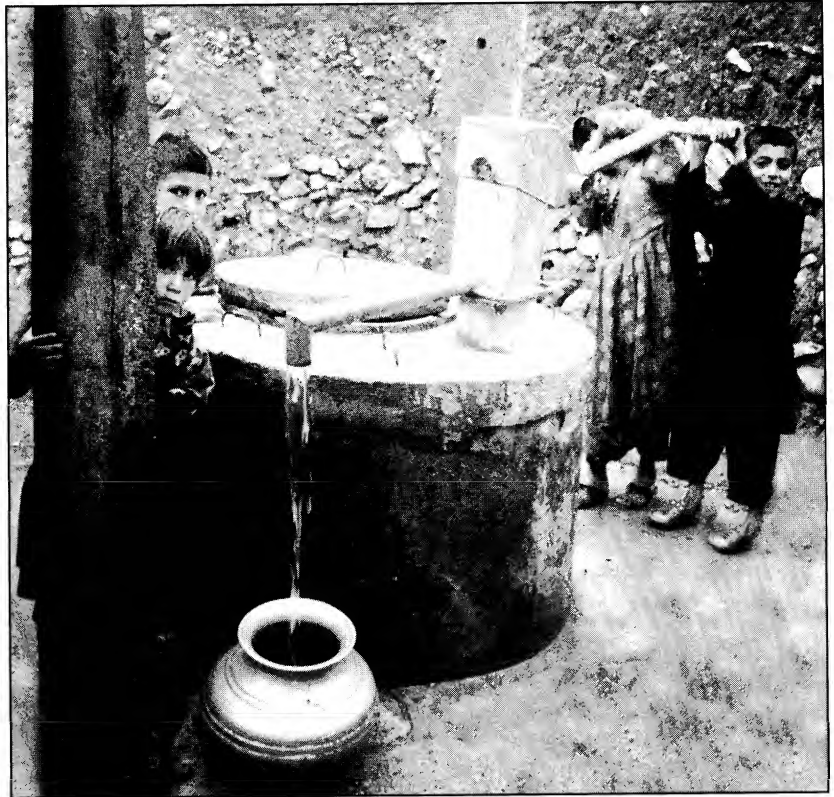
three-year old children receive treatment in the Maternal and Child Health (MCH) section within each BHU. The MCH section provides comprehensive ante natal and post-natal services, particularly regarding safe delivery, nutrition, and family planning. Female health staff, known as Lady Health Visitors, conduct health education sessions for all pregnant and lactating mothers, who visit the center. During the last trimester of pregnancy, women are asked to come with the woman who will assist in her delivery to ensure she has a basic knowledge of safe delivery methods. Lady Health Visitors refer high-risk pregnant women to deliver at the Minor Operation Theater. Newborns and under three-year old children receive regular growth monitoring and timely immunizations. In the first six months of 1999, Afghan refugees visited IRC BHUs 149,118 times. 27,214 of these visits were made by patients that had upper respiratory tract infections while over 8,000 visits were made by refugee women suffering from pregnancy related conditions.

In 1988, to address the pressing dental care needs of the Afghan refugees, IRC opened a dental clinic in the Mohammed Khoja Camp which to this day remains the only service of its kind available to the Hangu-Thal area refugee populations. Headed by a dentist, the clinic provides a full array of dental services including filling, draining of dental abscesses, scaling and pulpctomy. All cases requiring advanced surgical procedures, are referred to Hangu or Peshawar hospitals.

Water and Sanitation

آب حیات است

“Water is life.” (Dari Proverb)



IRC Water Program improves shallow wells and installs hand pumps to ensure that drinking water is free of pathogens.

To ensure that refugee camp surroundings are kept clean and do not pose a health threat, IRC Malaria Supervisors visit the IRC-served camps on a weekly basis to encourage communities to dispose of solid waste by burning, burying or physically removing it and to eliminate stagnant ponds by filling or draining or treating with kerosene.

Clean water and sanitary living conditions have crucial implications for refugees' health and well being. People affected by war and displacement are more likely to become ill and die from diseases related to inadequate sanitation and unclean water supplies.

In IRC-served camps in the Hangu-Thal area, the Sanitation Program provides waste management, environmental health services and health education. Sanitation staff maintain existing latrines in the Basic Health Units and schools and, when required, build new latrines.

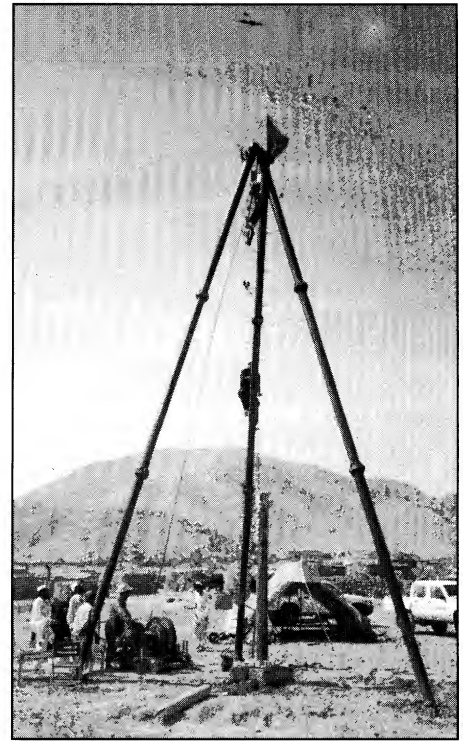
The main purpose of IRC's Water Program is to provide a minimum quantity of accessible clean drinking water, reduce the transmission of water-borne diseases, and improve the communities' ability to eventually be responsible for the maintenance and management of their own water supply.

In Pakistan, in a program funded by UNHCR, IRC water teams work in 30 refugee camps throughout the North West Frontier Province providing shallow well development, chlorination, and pipe scheme maintenance services. In 1999, the water program constructed

and rehabilitated 120 wells and distributed chlorine serving 1,800 wells.

Since 1995, UNHCR's policy has been to encourage refugee communities with advanced water supply systems to assume maintenance and management responsibilities for their own water supply. Under this policy, UNHCR retains ownership of the tube wells and covers 75 percent of the cost of major repairs, while the Water Management Committees (WMCs) formed in each refugee village are expected to assume responsibility for all other maintenance costs. Communities unable or unwilling to take over maintenance and management responsibilities, are encouraged to switch to simple technology shallow wells and hand pumps.

The Afghanistan Water Program plays a crucial role in the integrated rehabilitation approach. IRC water teams rehabilitate shallow wells and also sub-contract local NGOs to construct wells. In 1999, IRC water teams constructed 50 shallow wells and sub-contracted NGOs to construct 62 shallow wells. In Osman Khel village, for example, a sub-contracted NGO in the period April to June 1999 constructed 13 shallow wells benefiting 169 families, of which 52 had recently repatriated from Pakistan. Communities provide labor and locally available materials and are responsible for the maintenance of the constructed wells.



In refugee villages in Pakistan where shallow wells are not feasible, IRC Water Program teams drill bore holes to provide safe drinking water for residents.

Case Study: Doaba Gravity Spring Project



Traditionally it is children and women who draw water for their families. The rehabilitation of the Doaba Gravity Spring provided easy access to clean water for 45 families.

Early in 1999, elders of Doaba Camp in the Hangu-Thal area of NWFP submitted a request to IRC Water Program for assistance to forty-five families in a cluster area. The closest water source was at a distance which made it especially difficult to access for women and children, who usually collect water. A needs assessment survey carried out by the IRC Water Program team found the best solution was to rehabilitate a gravity spring close to the beneficiaries' houses. The community agreed to provide labor and locally available materials, while IRC provided skilled labor and other materials, such as cement and pipes. By the end of the project, forty-five families had access to clean and safe drinking water. According to a village elder, "Before many of our children would drink from dirty water and get sick, but now with clean water so close our children don't get sick anymore. Our women and children no longer have to travel long distances to fetch water from open surface streams."

Agriculture And Irrigation

د ځمکې ښکلا کرهڼه ده

"The Beauty of earth is its cultivation." (Pashtu Proverb)



IRC's Agricultural Research Centers based in highly visible locations demonstrate advanced agricultural practices, train local farmers and provide improved farm inputs.

Recognizing the agricultural and rural nature of Afghanistan, IRC's Afghanistan Rehabilitation Program (ARP) concentrates rehabilitation efforts on restoring the agricultural and irrigational infrastructures of Logar and Paktia Provinces.

Twenty years of war have devastated Afghanistan's rural economy. Wheat fields and fruit orchards have been razed; cattle, sheep and goats have been killed or have died of starvation. The irrigation system which served Afghans for generations has been destroyed. A country, which prior to the war produced enough food to feed itself, now depends on outside food aid to subsist. For

Afghanistan the consequences are devastating. A rural pastoral country with more than 80 percent of its population engaged in agriculture and animal husbandry and with insufficient food to support the population, much less returning refugees, the rehabilitation of the agricultural and irrigation systems of the country is crucial.

Agriculture



Extension workers demonstrating results of improved agronomic practices at an IRC established Agricultural Research Center.

IRC first began providing agricultural assistance in 1986 to refugees in Pakistan. The IRC Self Reliance Program (SRP) operated a small-scale agricultural program providing sustainable crop production training, seedling distribution, and poultry distribution to vulnerable refugees. In 1988, IRC established an agriculture cross-border program implementing several small-scale kitchen gardening activities. When security in the region stabilized in 1991, IRC ceased cross-border operations and established Agricultural Research Centers (ARC) inside Afghanistan to serve as models of advanced agronomic practices, to train local farmers and to provide improved farm inputs. Located in highly visible and accessible areas in each of the districts where IRC agriculture projects exist, the ARCs provide training and resources to farmers on a variety of activities including improved

seed multiplication, orchard management, poultry raising, bee-keeping, and fruit storage and preservation. Extension workers conduct workshops and provide technical assistance to teach farmers new techniques in

land cultivation, as well as erosion and flood control.

Today IRC's activities, with a view toward sustainability, encourage local private enterprises by providing farmers, at a subsidized rate, the resources to increase and improve farming practices that support the wider community through employment and food security. Based on the relative wealth of the farmer, repayment is made to IRC for the resources provided such as seed and fertilizer. Individual farms are monitored to ensure farmers effectively apply techniques learnt from IRC agriculture extension workers. Coordination with local authorities, better organization in the agriculture program and increased monitoring of activities, has enhanced the effectiveness and direct impact of the program at the community level.

Shah Mahmood

Shah Mahmood is one of hundreds of Afghan farmers who have benefited from IRC's financial and technical support. In 1997, Shah Mahmood applied to IRC for a loan to plant a fruit tree nursery. Prior to receiving assistance, IRC requires applicants attend a training course. Shah Mahmood stated, "At first I was suspicious of the training and did not think it would help. However, during the training, I learned a lot of useful information and when I started planting I received a lot of

assistance from IRC technical staff who regularly visited my project." The first year Shah Mahmood planted 6,000 fruit trees out of which he was able to sell 4,500 the following year to farmers in his community. "The trees we grow here are better suited to our local environment than the trees from Pakistan. At first some farmers bought cheaper trees in the market brought from Pakistan, but after many of the trees died, farmers preferred buying trees from nurseries like mine", explained Shah Mahmood.

Case Study: The Rebirth of Mush Village

د خپل وطن باچا د بل وطن گدا

"If you're a king, but outside your homeland, you are no better than a beggar." (Pashtu Proverb)



The rehabilitation of Mush Village involved....

Transporting the refugees in a group repatriation program funded by UNHCR from IRC-served camps in Pakistan to Mush.



Rehabilitating the drinking water sources.

Repairing the irrigation systems.



In the early 1980's when the Afghan-Soviet war completely destroyed Mush village located in the Sayed Karam district of Paktia province, its inhabitants fled to Pakistan. Two decades later the village was still virtually deserted when an assessment team arrived in May 1998 to carry out a preliminary feasibility study on repatriation. After consulting with village members residing in Pakistan about their needs, IRC and UNHCR assisted 153 families return to Mush. To assist in the rehabilitation process, IRC initiated an integrated Education, Small Business Assistance (SBA) and Agriculture Project.

Mush is no longer a destroyed and deserted village. Ruins disappear as the community rebuilds its village. Community members have reconstructed twenty-one family compounds and forty-five houses.

IRC assistance in the rebirth of Mush village exemplifies what can happen throughout Afghanistan and eventually lead to the return of refugees and the rebirth of Afghanistan when community participation is encouraged and returnees are an integral part of the rebuilding process.



Initiating community-based classes to provide education to the children.



Reestablishing trades.



Clearing the fields and preparing for planting a new crop.

Irrigation



The new Makawa canal.

Rehabilitation of Afghanistan's irrigation system to improve agricultural production and food

security is crucial to the recovery of the rural economy. IRC focuses assistance on rebuilding

underground water channels and canals to increase land under cultivation. Communities contribute significantly to these activities by providing forty percent of the cost in the form of labor and local materials. The rehabilitation of the Nari Shahi Irrigation system in 1995 reflects the tremendous potential of rebuilding and rehabilitation activities. The community was involved from planning to implementation and provided labor and money for the project. The construction of one diversion dam and eleven irrigation structures brought an additional 6,000 hectares under cultivation encouraging 427 families to repatriate within a twelve-month time period.

Rehabilitation of the Makawa Irrigation system



The rehabilitation of the Makawa irrigation system brought an additional 7,700 hectares of land under cultivation benefitting the nearly 11,000 persons living in three villages in Zurmat District of Paktia Province.

The rehabilitation of the Makawa Irrigation system in 1998 has benefited nearly 11,000 people living in three villages in Paktia Province. The rehabilitated canal brought an additional 7,700 hectares of land under cultivation in the immediate area. The improved agricultural productivity and food security allowed an estimated 4,200 people to repatriate to the villages served by the Makawa Irrigation system. Community contribution was considerable with the local communities participating in all phases of the project and providing labor for excavation and construction of the 1.5 km canal.

Education

علم زوال نا پذير است

"Education is eternal." (Dari Proverb)

"I was impressed by the difference that the International Rescue Committee is making in the lives of Afghan refugees," said U.S. Secretary of State Madeleine K. Albright, seen on the right visiting an IRC school at Nasir Bagh Refugee Camp, Pakistan, in Nov. 1997.

**Photo by Muzammil Pasha
Reuters News**



Two decades of war have not only destroyed Afghanistan's physical structures, but also devastated the country's social fabric. A whole generation of Afghans has grown up with virtually no formal education. With only an estimated 15 percent of females and 44 percent of males literate, Afghanistan's literacy rate is amongst the lowest in the world. The consequences of illiteracy are profound, even life threatening. Without education development can neither be broad-based nor sustained. Education is a right with immense power to transform, providing children and adults with creative

and productive outlets to overcome uncertainties that define lives and restore normalcy.

IRC has a long history of providing education programs to Afghans. IRC's education programs have ranged from pre-school education to engineering-related and university level courses. The Teacher Training and Textbook (TTT) Program developed over forty secondary-school textbooks, laboratory and teacher guidebooks still used today in schools throughout Afghanistan and refugee schools in Pakistan. The Hangu Education Program managed

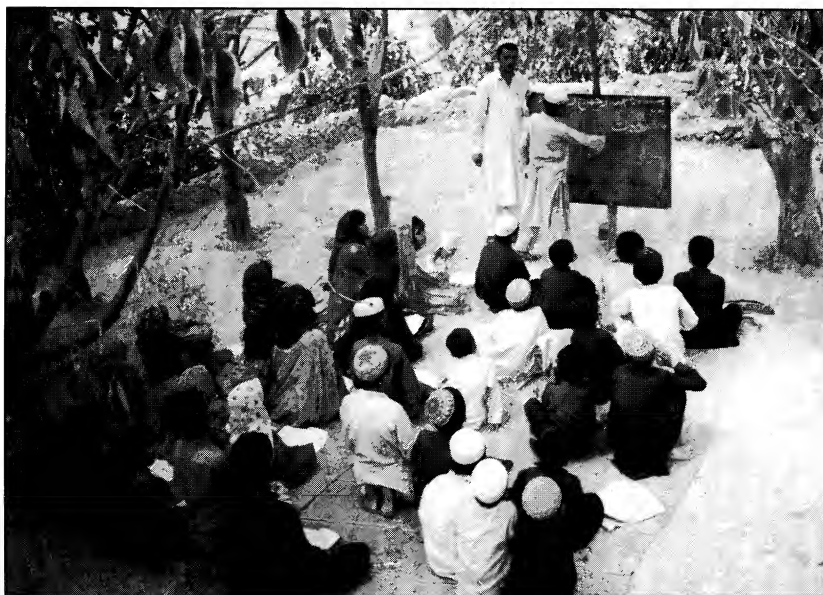
fourteen schools serving nearly 15,000 students and provided pedagogical and administrative training to over 5,000 primary school teachers and principals in Afghanistan and in refugee camps located in Pakistan. In 1987, IRC established a high school for refugee girls, at the time the only high school in

Pakistan offering courses in the arts, the sciences, religion, and English.

In 1992, as conditions in Afghanistan improved and refugees returned, IRC established a cross-border program to provide education support in the form of textbooks

and training in Paktia, Logar, Paktika, Khost and Nangarhar provinces of Afghanistan.

US\$ 0.60 is all it takes to provide a grade one child with books and school utensils for an entire school year.



Classrooms, desks and chairs are luxuries few rural Afghanistan-based schools can afford. Classes are either held outdoors in the open or in tents.

Afghanistan Basic Education Program

Committed to the development of education programs inside Afghanistan, in 1997 IRC established a Basic Education Program to support community-based classes in Paktia Province thus increasing sustainable educational opportunities for Afghans. Cooperating with local communities and utilizing Participatory Rural Assessment methodologies, Education Field Officers identify villages interested in creating community-based classes. IRC provides teacher training, classroom materials, and

supervision while the communities assume responsibility for providing classrooms and teacher salaries. In addition, each village forms a Community Education Committee, composed of 4-6 senior village members, responsible for ensuring the proper functioning of the school.

During its first year of operation, the Education Program supported 47 community-based classes in 12 villages enrolling 1,302 students, of whom 370 were girls. In 1999, 21 villages support 59 community-based classes

serving 1,838 students, 485 being girls. Hussain Khel village reflects the strong commitment of many communities to their children's education. Unable to support more than 8 classes due to the expense of teacher salaries, but determined to provide education for their children, the Hussain Khel village Community Education Committee joined two classes. This provided more children with the opportunity to learn to read and write enhancing the future economic and social position of their families as well as their community.

The Education Program encourages both males and females to enroll in IRC schools. Twenty-six percent of students are girls, a considerable achievement for schools in rural parts of Afghanistan where, prior to the war, female educational facilities were virtually non-existent. Currently, three of the teachers employed by the Education Program are women.

Female Education Program



Community-based classes provide educational opportunities to large number of girls in camps without access to education.

It is quite clear that in the prevailing environment in Afghanistan, an education program with equal access for male and female students cannot be guaranteed. Female education can be addressed more comprehensively in the refugee camps in Pakistan. IRC's Female Education Program (FEP) aims to provide Afghan women with the skills needed to participate actively in the rehabilitation of Afghanistan.

There is an urgent need for female professionals within Afghan society. Women are mostly

treated by female professionals thus women only have access to health facilities where female health professionals are

All 41 main office FEP staff from teacher trainers to finance managers are women.

available. A similar situation exists within the educational system. For an Afghan girl to continue education after grade four she can generally only do so if female teachers are available.

IRC's Female Education Programs have ranged from

supporting community-based preschools, primary and secondary schools to courses for women in the fields of preschool education, public health, public administration and English Language Development. FEP's current programs include Female Education and Teacher Training (FETT) and Female Health Education (FHEP).

Female Education and Teacher Training

Female Education and Teacher Training (FETT) provides material, financial, and technical support to 28 schools and 41 community-based classes serving approximately 13,500 Afghan refugee students throughout Pakistan's North West Frontier Province (NWFP). In 1999, FETT initiated a Secondary Education Support Program (SESP) for Afghan female refugees. Through this program, IRC one of the few agencies still providing support to secondary education for Afghan refugee students, aims to increase access for Afghan females to secondary education as well as to enhance the quality of education.

FETT provides schools and community-based classes with educational materials and supplies in addition to contributing 50 percent to the salaries of teachers and administrators in urban schools and 75 percent of the salaries in

camp-based schools. Teacher training is an essential component of all IRC education programs. In order to operate effectively, FETT program trainers identify the different needs for each school and provide specifically tailored training. Instructors train teachers to plan lessons, prepare test questions, implement recommended classroom management practices and respond flexibly to the needs of students. Trainers assist teachers to apply what they have learned by conducting supervision visits to classrooms and by closely monitoring the work of the teachers.

Community based classes are one of the most effective means of reaching a large number of girls without access to formal education, particularly in refugee camps where schooling is generally considered culturally inappropriate for girls. Communities provide the

classrooms, which are usually at the mosque or in a teacher's house, and select teachers, whom IRC trains and evaluates.

Despite considerable efforts to provide educational opportunities for young Afghans, access to education for Afghan females remains limited. According to UNICEF's 1998 report on the state of the world's children, Afghan adult female literacy rate at 15 percent is the fifth lowest in the world. IRC has placed a special emphasis on promoting educational opportunities for Afghan females, a sector of the population which for cultural reasons traditionally has limited access to educational opportunities.

Makai

Nine year old Makai, like so many Afghan children, was born a refugee. All she knows is the camp where she has been living since her birth. Makai is the second child in the family. She has a 10 year old brother and three younger sisters and one brother. Her 10 year old brother also attends school and, like Makai, is in grade three. At first Makai's father did not want her to go to school, but later

agreed after speaking with other community members and ensuring the classes would be held within the community.

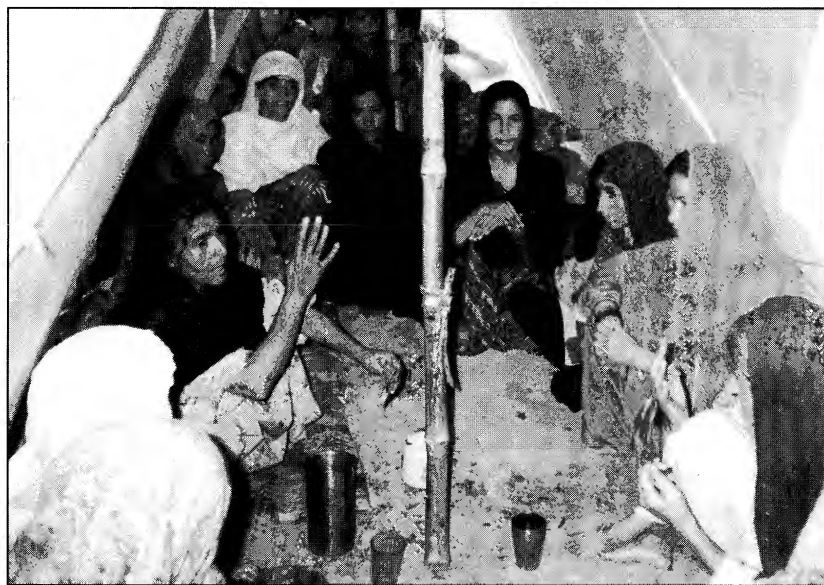
Every day, Makai wakes up at 5:30am to help her mother in the daily house chores and carry water from the well, which is a five minute walk away. Only three minutes away from school, she leaves the house a few minutes before the start of class, which lasts from 8:00am

to 11:00am. When she returns from school, Makai helps her mother with the domestic duties and sometimes in the afternoons visits her teacher, who is from her community, for additional lessons.

Makai hopes one day to be able to "return" to the country she knows only in stories. For now she is committed to keep on studying.

اگر زنی تربیت شود تمام جامعه تربیت می شود

"When a woman is educated, the whole family is educated." (Dari Proverb)



Emphasis on prevention is one sure method of educating Afghans who will be returning to a rural Afghanistan which will be without health facilities for some time to come.

FEP's Female Health Education Program complements FETT's work by providing health education to the same population. There is an unmistakable correlation between education and mortality rates, especially child mortality. Effective health education plays a critical role in filling the gap created by inadequate health facilities. IRC's Female Health Education Program (FHEP) aims to improve the level of basic health knowledge among Afghan refugee children and women in remote camps and rural areas by training FETT female school teachers and female health educators to teach basic disease prevention, health care and hygiene to mothers and children.

Teachers attend 10-day workshops on community health education and pedagogical training. By focusing on primary-

school teachers, messages on good health practices are disseminated to the largest possible audience - the primary school pupil population. The father of Wazhama, a grade three student, recounted to FHEP trainers how Wazhama's new knowledge had a positive effect on the whole family: "Wazhama

always transfers the health education, such as washing hands and brushing teeth, to her sisters, brothers and even her mother."

Selected health educators, usually from the communities in which they work, receive a three-month training in technical and pedagogical skills necessary to effectively disseminate health messages to women and children. Field trips and group discussion sessions are interspersed throughout the course to reinforce and demonstrate theory. Health educators perform 25% of their activities in schools and the remaining 75% in the communities.

As essential preventive health care skills and knowledge are placed in the hands of Afghan mothers and primary-school children the most vulnerable sector of the population, sound preventive health practices will spread from the home to the community, reducing dependency on the limited curative health care services.

Sharifa

Sharifa, an illiterate refugee woman and current FHEP student in Akora Khatak refugee camp, exemplifies the value of the courses offered. Prior to attending the course, Sharifa believed the only way to cure diarrhea was by not eating or drinking. During the course, however, she learned the importance of drinking abundant liquids and how to prepare a simple rehydration

solution composed of boiled water, salt, and sugar. Sharifa recounts, "When one of my children got diarrhea I prepared the solution and gave her a lot of liquid and continued to feed her. I was very happy to see her recover so quickly. I am very grateful for what I learned and will encourage my friends to make the solution and take part in the health education classes."

Income-generation

اعتماد به خود، راز کامیابی است

"Depending on yourself is the secret to success." (Dari Proverb)



Working towards self-reliance ...

An Afghan NGO through a grant from IRC teaches vulnerable women the skills of traditional Afghan embroidery. At the conclusion of training, these trainees will be able to produce and market their products thereby earning an income.

By incorporating the key features of a successful micro-credit program that is client responsible, mutually accountable, financially sustainable and operationally efficient, the IRC Small Business Assistance Project has laid the foundations for a sustainable micro-credit system within each beneficiary village.

The improvement of livelihood security in rural Afghanistan as well as a sustained and successful repatriation process is dependent upon the revitalization of Afghanistan's economy. Without technical and financial assistance, returning refugees face tremendous challenges to rebuild their lives and businesses.

With the signing of the Geneva Accords in April 1988 and aware of the importance of economic revival in Afghanistan, IRC began to explore means to provide income-generation

opportunities for refugees returning to their native villages. Since 1985, IRC's Self Reliance Program (SRP) in the North West Frontier Province (NWFP) of Pakistan created employment, income, and vocational training for thousands of Afghan refugees. In close collaboration with UNHCR, in 1997 SRP developed a cross-border strategy providing vocational and business training to returning refugees.

As IRC's work inside Afghanistan expanded, the cross-border program evolved into a country

program managed within Afghanistan. Created in July 1997, the Small Business Assistance Project (SBA) provided a vital new component to IRC's newly integrated approach toward assisting in the rehabilitation of the socio-economic infrastructure and the revitalization of rural economies. Built on the foundations established by SRP, SBA continues to revitalize the rural economy in targeted districts of Paktia and Logar Provinces by assisting and establishing sustainable enterprises for both men and women and creating new enterprises to foster repatriation. The training and loans encourage job creation, increase incomes, and more importantly, assist in the provision of valuable services and products for the communities resulting in increased security, stabilization of population movements and reduction of dependency on external assistance.

The task, however, has not been easy and has required a gradual approach toward a sustainable micro-credit system in the villages. Most villages have no experience of village banking or loans. A major challenge is to free the community of this dependency and to encourage the community to work towards self-reliance. In addition, given the history of Afghanistan and the warfare of the last twenty years, there has been a high level of distrust which has made people in the villages unwilling to accept the financial burden of a loan.

Despite considerable constraints against female participation, SBA has achieved the

participation of women by working closely with communities and local authorities as well as hiring female field staff to supervise female program activities. A total of ninety-six women have received loans amounting to 40% of the total loans given to date. The authorities continue to sanction female activities in the protected home environment allowing the program to be one of the few micro-credit programs successfully targeting female clientele in the region. Female

businesses tend to focus on traditional and home-based activities: sewing adornment, bead-sewing, tailoring, soap-making, rug weaving, embroidery and table cloth making. Loans enhance the economic situation of women's families and, more importantly, give women the opportunity to actively participate in the support of their family.

SBA's success is due in large part to its close collaboration with the community. In each step of the

Bahaie Jan



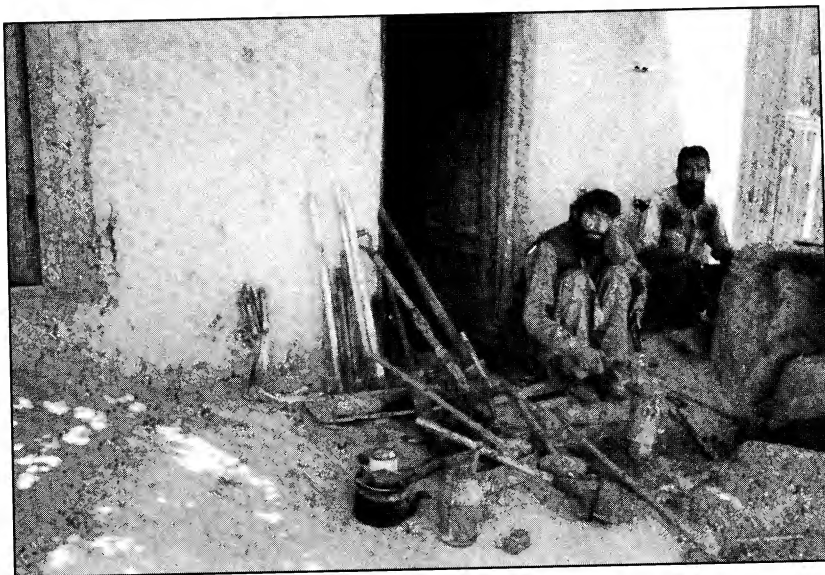
Bahaie Jan working in his shop.

In 1997, after 17 years of exile, Bahaie Jan and his family returned to their home village of Esakhil in Sayed Karam District. Struck by a mine which left him an amputee, Bahaie faced limited work opportunities. Although Bahaie had received shoe making training, he could not find financial assistance to start a business in his village. With a family to support and the prospects looking dim,

Bahaie strongly considered returning to Pakistan. It was during this time that Bahaie learned about the SBA program and applied for a loan. Following the two-week business training Bahaie was able to establish his business. Within six months he had repaid his loan and was earning sufficient income to sustain his whole family.

process from beneficiary selection to training to loan disbursement and collection, community contribution is high. In coordination with the community, SBA identifies and selects individual business owners in each community with formed businesses or previous business experience, based on established criteria. The selected business owners and potential owners participate in a two-week Business Management Training Course focused on bookkeeping, inventory control, pricing, marketing, and quality control of products. Prior to the provision of the loan, a business plan is developed for each individual trained and during the loan period SBA project team members conduct a minimum of four monitoring visits to each business.

The introduction of a Revolving Loan Fund has been the first step in the formation of a fully integrated Village Development Fund. Cultural and religious norms are respected within each of the beneficiary communities; Islam



Welding businesses are greatly relied on by the agricultural sectors of the community for the repair of agricultural tools and machines.

prohibits giving or receiving interest (riba), therefore, in close collaboration with community leaders, a 3 percent training fee per loan was introduced to allow the continued operations of the Revolving Loan Fund. The Fund serves as a catalyst for local resource mobilization through the promotion of a productive infrastructure that builds on local institutions. Although IRC currently manages the funds, in the

future the communities themselves will be ultimately responsible for the loan distribution and collection in coordination with IRC. The revenue fund will result in the development of a mutually accountable and sustainable system within each village encouraging ownership of the project and allowing the community to play an active role in the lending process.



This beneficiary of an IRC program which gives loans for income-generation activities, used her loan to buy this goat. She now supplements her family's income through selling the goat's milk.

NGO Capacity Building

مڼه خوړل مه راښايه مڼه شكول راوښايه

"Don't teach me how to eat an apple, teach me how to pick it." (Pashtu Proverb)



Through a sub-grant from RAP, an Afghan NGO, Afghanistan Agriculture and Reconstruction and Rehabilitation Organization (AACRO), trained 150 orchard owners and workers in Ghazni and Wardak provinces in sulfur drying of apricots thus enabling them to preserve and package their products and earn a higher income by exporting it to Pakistan.

IRC believes that fostering the development of indigenous institutions capable of establishing long-term working relationships with rural communities in Afghanistan, is an effective contribution to Afghanistan's rehabilitation. Since 1988, IRC has provided nearly 150 micro-project grants totaling over 20 million U.S. dollars to Afghan NGOs. Various sections within IRC work in close coordination to oversee the grants and upgrade the administrative and technical capacities of the implementing partners.

To better serve the needs of refugees and returnees, IRC implements umbrella grant programs encompassing sub-contracted NGO activities in both Afghanistan and Pakistan. Through the Afghanistan based Rural Assistance Program (RAP) and the Program for Afghan Refugees in Pakistan (PARP), IRC supports and funds local NGOs to implement viable and sustainable micro-projects in targeted sectors. The umbrella programs aim to respond to specific areas of vulnerability among refugee populations in Pakistan and repatriated communities in Afghanistan.

Both RAP and PARP seek to involve refugee and repatriated communities in designing and implementing their own

projects, the majority of which are income generating. RAP and PARP require that sub-grantee NGOs demonstrate that the beneficiary community of a proposed project have participated in a needs analysis for each activity and in the formulation of an implementing strategy. IRC staff independently assess community support for the proposed project through Participatory Rural Appraisal surveys with women and men. Both RAP and PARP are committed to ensuring women participate in the design and implementation of projects and that the outcome provides opportunities for women to enhance their social and economic roles in their communities.

Two decades of war in Afghanistan and the recent escalation of the conflict have destroyed much of the infrastructure and have eliminated many sources of income. IRC believes vocational training and income-generation projects represent long term strategies for developing the independent economic capacity of the Afghan community. The RAP funded an NGO operating in Nangahar province to train Afghans that have been maimed by mines, in simple bicycle and wheelchair mechanics. This project provided income-generation opportunities for a particularly vulnerable section of the Afghan community.

In the period 1997-1998, RAP funded 27 projects in 11 provinces of Afghanistan. Reflecting RAPs commitment to strengthening the organizational capacity of indigenous NGOs, the majority of RAPs implementing partners were Afghan NGOs. RAPs activities focused on the sectors of agriculture, education, income generation and

Khorigul

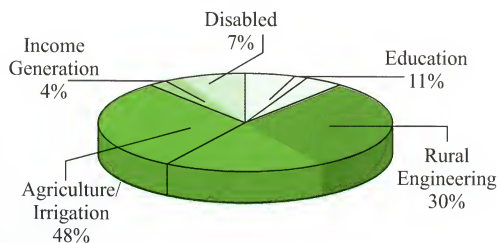
Khorigul, a mother of three children, lives with her deceased husband's family in Jalala Camp in NWFP. Like many other refugee women Khorigul was widowed when her husband was killed by a rocket in Afghanistan. Khorigul is now financially dependent on her brother-in-law who is the only breadwinner for eleven family members. Khorigul feels she is a financial burden on her family; however it is difficult for her to seek an independent income as women do not usually work outside the family compound. In June 1999, the Environment Protection and Promotion

Program (EPPP), an NGO supported by the IRC PARP, selected Khorigul to participate in a small income generation project. For six months Khorigul attended classes that integrated technical instruction in goat husbandry with literacy and numeracy training. While Khorigul attended the training her children were cared for by the EPPP day care center. At the end of the course Khorigul was given a goat that she now milks and breeds. Khorigul says 'My children and I are happier now that I can help my family by selling goat milk and meat.'

vocational training. Projects funded by the RAP program encouraged repatriation to target areas in Afghanistan and supported the re-integration of returning refugees by improving infrastructure, basic social

services and by stimulating the local economy. In the 1996-1998 funding cycle 156,082 Afghans directly benefited from projects funded by IRC's RAP. The RAP was funded for the period 1988 - June 1998 and additional funding has been secured by IRC to support RAP for an additional two years from August 1999 to July 2001.

RAP - Funded Projects by Sector, 1996 - 1998



The Program for Afghan Refugees in Pakistan (PARP), which began in early 1998, focuses on assisting vulnerable refugee communities especially women and children, in Pakistan. In the period 1998 - 1999, the PARP program reviewed 220 concepts from local NGOs and approved 27 proposals for funding. PARP is now funding 25 NGOs to deliver projects in refugee communities in NWFP and two NGOs to assist refugees

living in the province of Balochistan. PARP is currently supporting projects in the sectors of agriculture, education, income generation, vocational training and capacity building of local NGOs. The total number of direct beneficiaries for all of the PARP projects currently exceeds 12,500 while the number of indirect beneficiaries is approximately 83,747. Over 80% of the beneficiaries of the PARP funded projects are vulnerable refugee women and children.

Many of the vocational training and income-generation projects funded by PARP, provide opportunities for vulnerable refugee women to identify sustainable sources of income and to develop skills that allow them to engage in paid work. Of the 26 projects funded by PARP in 1999, 18 provide vocational training in areas such as tailoring, embroidery, poultry management, food production and carpet weaving. The vocational training projects funded by PARP extend opportunities for women to engage in culturally appropriate

forms of paid work and to develop skills that will enable them to take an active part in the rehabilitation of Afghanistan. An additional benefit for women who participate in vocational training is their increased status in their community and family.

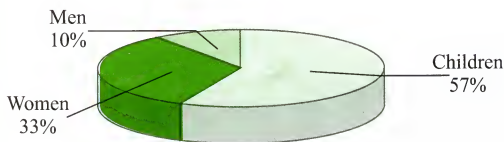
To facilitate the participation of the target female refugee population in vocational and literacy training, PARP has encouraged 14 implementing NGO partners to provide childcare during training activities. The Sayyed Jamaluddin Afghani Welfare Organization (SJAWO), a NGO funded by PARP, provides carpet weaving, tailoring and embroidery training as well as literacy classes in Khurasan refugee camp and also provides child care for many of the 50 female beneficiaries of the project. The childcare center serves the dual function of providing alternative childcare and delivering informal education to the beneficiaries' children.

A primary aim of both RAP and PARP has been to assist Afghan

NGOs improve their technical and organizational capacities by providing advice and practical assistance throughout the project cycle. Under the auspices of PARP, IRC provides training to local NGOs on proposal and report writing, financial management and implementation and evaluation of projects. IRC believes Afghan NGOs are ideally positioned to reflect and represent the needs and experiences of the most vulnerable refugee populations and communities. The NGOs serve a vital role in nurturing the key skills and abilities which will eventually enable repatriated refugees to participate in the rehabilitation of their community. By identifying and supporting viable NGOs, IRC helps to ensure the rehabilitation process will continue to be facilitated by qualified Afghan organizations that will remain long after IRC has concluded its programs.

As IRC's Program for Afghans looks ahead to the year 2000 and beyond, it plans to put renewed emphasis on its umbrella program and build upon the achievements made so far. Fostering the development of indigenous institutions capable of establishing long-term relationships with Afghan communities is proving to be an intervention that achieves effective and appropriate results for Afghan refugees and repatriated populations.

Direct Beneficiaries by Gender of the Program for Afghan Refugees in Pakistan



Donors

Generous funding by corporations, foundations, governmental and intergovernmental organizations continues to enable IRC to provide relief and rehabilitation services for Afghans. The strength of IRC as a non-sectarian voluntary agency would not be possible without such diversified and widespread international support. IRC's Program for Afghans is deeply grateful to its donors. In 1999, IRC's Program for Afghans received support from the following:

The European Union (EU), Brussels

US Department of State, Bureau of Population,
Refugees and Migration (BPRM), Washington, D.C.

United Nations Food and Agriculture Organization (FAO), Rome

Government of The Netherlands (GoN)

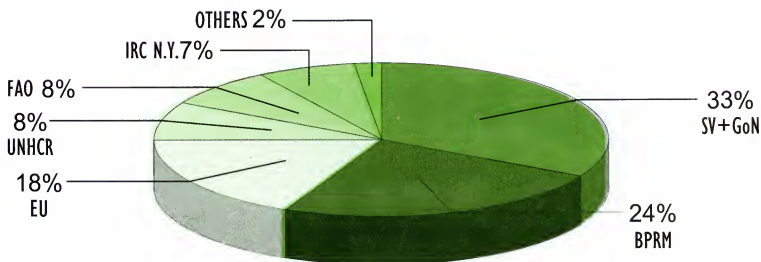
Refugees International (RIJ), Japan, Tokyo

Stichting Vluchteling (SV), The Hague

United Nations High Commission for Refugees (UNHCR), Geneva

Other donor organizations and foundations.

Donor's Contribution in % for 1999



Financial Report

International Rescue Committee - Program for Afghans Statement of Activities For nine months ended September 30, 1998

Revenues

Grants and contracts	\$1,350,829
Other receipts	235,189
Total Revenues	<u>\$1,586,018</u>

Expenditures

Local Initiatives	\$450,904
Medical and Public Health	309,476
Education	255,742
Micro-Enterprise and Self Help	102,912
Agriculture	101,265
Shelter and Infrastructure	97,862
General and Administration	374,523
Total Expenditures	<u>\$1,692,684</u>

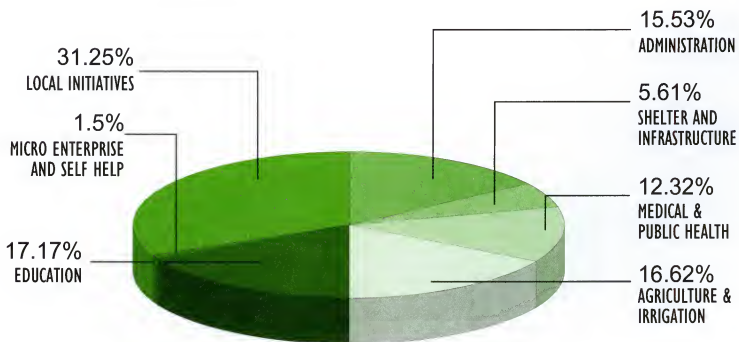
Excess of Expenditures over Revenues	(\$106,666)
Prior Period Adjustment	(201,320)
Net assets at beginning of period	754,841
Net assets at end of period	<u>\$446,855</u>



Effective January 01, 1998, the IRC changed its fiscal year end from December 31 to September 30.
The above presentation is for the 9-month period ended September 30, 1998 audited by
Taseer Hadi Khalid & Co. (KPMG-Islamabad) for the period then ended.

Program Budget for 1999 in %

Total program budget 2.6 million



IRC 1999 Senior Staff

IRC World Wide

Executive Officers

Eric van der Lee
Country Director

Sigurd Hanson
Deputy Director

Finance

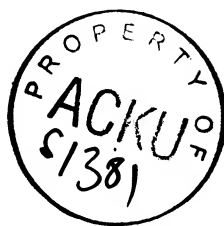
Richard Pascual
Controller

Younnathan Younes
Chief Auditor

Administration

Sadaat Hussain
Chief Administrative Officer

Yusuf I. Ghaznavi
Public Information Officer



Programs

Christie Scott
Coordinator Afghanistan Rehabilitation Program

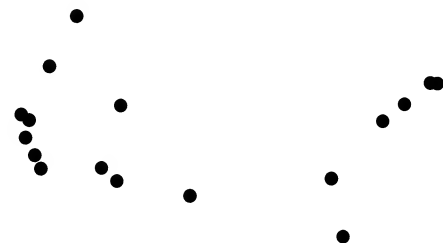
Eyob Getachew
Manager Afghanistan Rehabilitation Program

Dr Tila Khan Ahmedzai
Coordinator Hangu Medical Program

Elly van den Hombergh
Manager Female Education Program

Employment

Afghan:	909
Pakistani:	83
Expatriate:	8



Where We Work

We serve refugees and displaced people in
●Burundi ●Croatia ●Democratic Republic of
●Kenya ●Kosova ●Liberia ●Pakistan ●Repu
●Spain ●Sudan ●Tanzania ●Thailand ●Ugar
●Charlottesville, Va. ●Dallas, Texas ●Los An
●Sacramento, Calif. ●Salt Lake City, Utah ●
Calif. ●Timor ●Seattle, Wash. ●Tucson, Ariz

Afghanistan • Albania • Austria • Azerbaijan • Bosnia and Herzegovina
 Congo • Georgia • Guinea • Hungary • Italy • Ivory Coast
 of the Congo • Rwanda • Serbia • Sierra Leone • Somalia
 and through IRC domestic offices in Atlanta, Ga. • Boston, Mass.
 s, Calif. • Miami, Fla. • New York, N.Y. • Phoenix, Ariz.
 Diego, Calif. • San Francisco, Calif. • San Jose, Calif. • Santa Ana,
 Washington, D.C. • West New York, N.J.

● Cities with IRC refugee
 resettlement and
 processing offices

What We Value

The International Rescue Committee was founded in 1933 at the request of Albert Einstein to assist anti-Nazi opponents of Hitler. We provide sanctuary for people driven from their homes by social and political upheaval. We spare no effort to save lives or relieve suffering.

We emphasize self-reliance and self-esteem, enabling refugees to rebuild their communities once the violence ends. Toward this end, we work closely with emerging, indigenous non-government organizations.

Through our 18 resettlement offices in the United States, we annually help thousands of refugees build new lives and become successful, productive citizens. Some have gone on to become leaders in business, the arts and government.

As a non-sectarian, non-political organization, we have one goal: to restore the health, livelihood, and dignity of refugees and their opportunity to live in freedom. We are always on call to take up their cause.

7630



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